



REQUEST FOR NOTICE OF INTENT

In 2014, nearly 250,000 Marylanders are expected to become newly insured as a result of expanded Medicaid eligibility and the creation of health insurance exchanges under the Patient Protection and Affordable Care Act (ACA). To successfully enroll these individuals in coverage, the Maryland Health Benefit Exchange (MHBE) is developing a set of robust outreach and enrollment mechanisms. One of these resources, the navigator program, will help consumers learn about, apply for and enroll in health insurance coverage.

The navigator program will offer services through “connector entities,” organized geographically across the State of Maryland. Each entity will be a “prime” organization that will apply for and manage the overall grants with MHBE. It is anticipated that prime organizations will partner with other organizations in their region to provide the full scope of navigator program services. MHBE anticipates releasing a grant solicitation seeking connector entities before the end of December 2012.

In order to assist organizations within a region identify potential prime and partner entities, MHBE requests that all interested parties submit a voluntary, non-binding notice of intent indicating their interest in serving as a prime and/or partner organization. Responses will be posted publically on MHBE’s website. Please use the template in Attachment A to submit the notice. A map of the regions is included at Attachment B.

Please note: Organizations interested in serving as either the prime connector entity or as a partner entity are not required to submit this notice of intent. In addition, nothing in the notice of intent in and of itself will result in a contract with MHBE. There are no penalties for submitting a notice of intent and choosing later to not apply.

Please submit a notice of intent to MHBE no later than **5:00 PM Local Time, Thursday, December 6, 2012**. Responses shall be sent to: **hix.procurement@maryland.gov**.

Responses will be posted by Friday, December 7, 2012 at the [MHBE website](#).



Attachment: TEMPLATE NOTICE OF INTENT

Name of Organization:	
Contact Person:	
Contact Phone:	
Contact Email:	
Contact Address	
Description of Organization (please limit to 1-2 sentences):	

The organization above intends to participate in a coordinating entity application as part of the Maryland Health Benefit Exchange Navigator Program as a (enter "prime," "partner" or "either") _____ in the following region(s):

- ☐ Capital
- ☐ Central
- ☐ Lower Eastern Shore
- ☐ Upper Eastern Shore/Northeastern
- ☐ Southern
- ☐ Western

Attachment B: Regional Map

